

and in which there may be no pyrexia. The pulse is at first full and rapid, but soon becomes weak and thready; after suppuration has begun there is profuse sweating. On examination, marked congestion and swelling are observed, and the uvula is oedematous, and greatly thickened and elongated. If suppuration occurs, it may be limited to the oro-pharynx, but the disease tends to spread rapidly to the larynx; the epiglottis then becomes enormously swollen and red, while the ary-epiglottic folds also participate in the swelling, so that dyspnoea may supervene and necessitate immediate tracheotomy.

These cases correspond to the condition described by Senator as acute infectious phlegmon of the pharynx. In some instances the infection spreads to the submaxillary region, and causes a hard brawny swelling under the jaw, which is generally known as angina Ludovici. Patches of gangrene may appear on the uvula or posterior wall of the pharynx, but this is very unusual. The lungs and serous membranes are liable to become secondarily affected, and pleurisy, pericarditis, or meningitis may manifest itself early in the disease.

PROGNOSIS.—The prognosis in suppurative pharyngitis is very grave; the purulent and gangrenous varieties usually end in early death, but the serous cases may recover, even when the disease has spread to the lungs or serous membranes.

TREATMENT.—The treatment must be both prompt and energetic. In these severer forms of inflammation, an attempt should be made at once to combat the toxæmia by the injection of a suitable serum. If possible the bacteriology of the condition should be investigated in the first instance; but if the means for this are not available, a polyvalent antistreptococcus serum may be employed, as the majority of these cases are due to a streptococcal infection. The full dose is 20 c.c.; this may be repeated, if necessary, every twenty-four hours for a week. At the same time the general condition of the patient requires careful attention. If the temperature exceeds 103° F., quinine, gr. v, should be given every four hours, and if the prostration is great, strychnine and alcohol, or ethereal stimulants should be prescribed. At a later stage in the disease, strophanthus or digitalis should be ordered if the pulse becomes irregular, or if cardiac failure manifests itself. The local treatment is the same as for hospital sore throat, and when the larynx is involved the patient must be kept under the most careful observation, as oedema may develop